

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) HOMETOWN FREEDOM ACTION NETWORK			FEC IDENTIFICATION NUMBER ▼ C C00528901	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 04 / 2014</div> </div>	
Full Name of Payee 406 Enterprises LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 02 / 2014</div>		
Mailing Address 41 South High Street 3500 Huntington Center		Amount <div style="border: 1px solid black; padding: 2px;">331000.00</div>		
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4146 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 01 / 2014</div>	
Purpose of Expenditure Mobile advertising (placement)		Category/Type 004		
Name of Federal Candidate Al Franken		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">346000.00</div>		
Disbursement For: 2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Wilson Grand Communications, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 02 / 2014</div>		
Mailing Address 429 North Saint Asaph Street		Amount <div style="border: 1px solid black; padding: 2px;">15000.00</div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4145 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 01 / 2014</div>	
Purpose of Expenditure Mobile advertising (production)		Category/Type 004		
Name of Federal Candidate Al Franken		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">15000.00</div>		
Disbursement For: 2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">346000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">346000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David R Langdon

Signature _____

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014